

in the world without an insurance system to cover everyone. In other words, we are paying at least half again as much—at least—as any other country in the world per person. Yet millions, tens of millions of Americans, do not have health insurance. Life expectancy, infant mortality, maternal mortality, immunization rates—we are not among the world leaders in any of those categories.

Interestingly, the only place we are a world leader is life expectancy at 65. If you get to be 65 in this country, the chance that you will live a longer, healthier life is greater than in almost any other country in the world.

In Ohio, \$3.5 billion is spent each year by and on behalf of the uninsured for health care that meets about half their needs. For the first time, we are on the verge of meaningful health care reform that will make a difference in the lives of Americans who have, for too long, put up with less than they deserve when it comes to health care. Our health insurance system does some things very well, but we have let the industry, the health care industry, forget its own core central purpose.

The insurance industry is supposed to bear risks on behalf of its enrollees, not avoid risk at the expense of its enrollees.

The insurance industry is supposed to protect the sick, not throw them overboard.

The insurance industry is supposed to offer affordable coverage to every American, not expensive coverage to some Americans and no coverage to the rest.

The insurance industry is supposed to cover the reasonable and customary costs of health care, not a fraction of that.

The health insurance industry is supposed to cover the doctors you need, not the doctors the insurer chooses for you.

The insurance industry is supposed to pay claims on a timely basis, not as slowly as they possibly can.

Who can forget, when Senator Obama was talking about his mother in the last months of her life, how as she suffered and was dying from terminal cancer, she spent much of her time on the phone trying to figure out how to collect on insurance, how to pay, how to simply get by and not leave debt for her soon to be very famous son.

The health insurance industry does some things pretty well, but it gets away with too much. What do we do about it? First, we put stronger insurance rules in place. Second, we introduce some good old-fashioned competition into the insurance market. That is the purpose of a federally backed insurance option, one the Presiding Officer from New York has spoken out for, as has the other Senator from New York and a majority of people in this body. It is to set the bar high enough for private insurers that they can't slip back into their risk-avoiding ways without taking a hit in the marketplace. In

other words, we need insurance company rules on preexisting conditions, on changing the way we do community rating, on a whole host of rules to make insurance companies behave better and serve the public better.

We also need this federally backed insurance option because all too often insurance companies are a step ahead of the sheriff. They always can figure out how to stay ahead of the rules that try to make them behave in a way that is more in the public interest.

The purpose of establishing a federally backed insurance option—it is an option—is to give Americans more choices and to give the private insurance industry an incentive to play fair with their enrollees, or their enrollees will look elsewhere, perhaps in the public plan.

Private insurers have helped to create a system of winners and losers—a system in which insured Americans can still be bankrupted by health expenses and uninsured Americans can still die far too young because they cannot get the health care they need.

Insurance companies have always been one step ahead of the sheriff. They have given us no reason to believe they will behave any differently. They have come to Congress this year and said: You can put some new rules on us. But when we have done that in the past, we know they have always found a way to avoid some of those rules that do not serve their bottom line. And it is their bottom line, and I do not even blame the insurance companies for acting the way they do. I just say we need a set of rules to make sure they act in the public interest.

Private insurance market reforms, coupled with the creation of a competitive, federally backed health insurance option—it is an option, just as it will be an option, once we pass health insurance, that anybody today can stay in the insurance plan they have. Nobody is going to be forced to do anything they do not want to do. Private insurance market reforms, coupled with the creation of a competitive, federally backed health insurance option represents our best hope at achieving the health reforms so vital to the health of our citizens and the future of our Nation.

Last week, President Obama sent a letter to Chairman KENNEDY of the Health, Education, Labor, and Pensions Committee, on which I sit, and to Chairman MAX BAUCUS, chairman of the Finance Committee, the other health care committee here, in which the President stated:

I strongly believe that Americans should have the choice of a public health insurance option operating alongside private plans. This will give them—

Will give American citizens—

a better range of choices, make the health care market more competitive and keep insurance companies honest.

A public health insurance option—not administered by a private for-profit insurance company but a public health

insurance option—is one of the necessary components of health reform.

There is no better way to keep the private insurance industry honest than to make sure they are not the only game in town. Historically, public health insurance has outperformed private insurance in preserving access to stable and reliable health care, in reigning in costs, in cutting down on bureaucracy, and in pioneering new payment and quality-improvement methods.

A public health insurance option will not neglect sparsely populated and rural areas, as insurers too often do. The Presiding Officer previously represented a rural congressional district in New York. She knows the problems of insurance availability in rural areas. It will not disappear.

A public health insurance option will not disappear when an American loses her job, when a marriage ends, or when a dependent becomes an adult. And the pages sitting here in front of me, when they finish school and go into the workplace, they would have an option. Once they are no longer dependent on their parents, they will have that public option, as other Americans will.

A public health insurance option will not deny claims first and ask questions later, as insurance companies too often do. It will not look for any and every loophole to insure the healthy and avoid the sick, as private insurance companies too often do.

These are the fundamental reasons why a public plan option is the key—is the key—to arriving at a health insurance system that better serves every American, insured and uninsured alike. What is the point of health care reform if we do not do it right and make sure every American citizen is better served than they are now in this health insurance market?

Madam President, I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:34 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Acting President pro tempore.

The ACTING PRESIDENT pro tempore. The Senate will come to order.

The Senator from Vermont is recognized.

Mr. LEAHY. Mr. President, I note there is nobody here who wishes to speak, so I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. GREGG. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.